

UNITED STATES DISTRICT COURT  
DISTRICT OF SOUTH DAKOTA  
Western DIVISION

Melaine Wilson \_\_\_\_\_ )  
547 BIA 28 \_\_\_\_\_ )  
Wounded Knee, SD 57794 \_\_\_\_\_ )  
AND ALL ENROLLED OST MEMBERS \_\_\_\_\_ )  
(Enter the full name of the Plaintiff[s] in this action) \_\_\_\_\_ )  
vs. \_\_\_\_\_ )  
Department of Interior \_\_\_\_\_ )  
1849 C Street NW - Mail Stop 4428 \_\_\_\_\_ )  
Washington D.C. 20240 \_\_\_\_\_ )  
AND \_\_\_\_\_ )  
Echaga Corporation of the Oglala Sioux Tribe \_\_\_\_\_ )  
(Enter the full name of ALL Defendant[s] in this \_\_\_\_\_ )  
action. Fed. R. Civ. P. 10(a) requires that the \_\_\_\_\_ )  
caption of the complaint include the names of all \_\_\_\_\_ )  
the parties. Merely listing one party and "et al." is \_\_\_\_\_ )  
insufficient. Please attach additional sheets if \_\_\_\_\_ )  
necessary.) \_\_\_\_\_ )

Case No. 5:22-cv-5097  
(To be assigned by  
Clerk of District Court)

COMPLAINT

I. State the grounds for filing this case in Federal Court (include federal statutes and/or U.S. Constitution provisions, if you know them. Fed. R. Civ. P. 8(a)(1) requires a short and plain statement of the grounds for the court's jurisdiction.):

Six Sigma Process for Intellectual Property of the Oglala Sioux Tribe Members for Building Businesses for the Oglala Sioux Tribe Veterans and the Oglala Sioux Tribe Enrolled Members

-Information on OST Land, OST Monies, OST Businesses are not shared with OST Enrolled Members

-Blocking of Oglala Sioux Tribe Veterans from Building Businesses

II. Plaintiff, Melaine Wilson resides at

547 BIA 28

(street address)

Wounded Knee, Oglala,

(city) (county)

South Dakota, 57794, 605-867-6990

(state) (zip) (telephone number)

(If more than one plaintiff, provide the same information for each plaintiff below)

As a Former (Warranted by Congress) Contingency Contracting Officer- it is my Lifelong Duty to Protect Federal Monies, Lands, and Assets from Fraud, Waste and Abuse.

III. Defendant, Department of Interior resides at, or its business is located at

1849 C Street NW - Mail Stop 4428

(street address)

Washington,

(city) (county)

D.C., 20240, 202-208-5745

(state) (zip) (telephone number)

(If more than one defendant, provide the same information for each defendant below)

Bureau of Indian Affairs-Washington D.C.

1849 C Street NW, MS-3662

Washington D.C. 20240

Bureau of Indian Affairs-Pine Ridge Agency

Bureau of Indian Affairs-Pine Ridge Agency Comptroller

Oglala Sioux Tribe Council

Oglala Sioux Tribe Economic Development Committee

Oglala Sioux Tribe Land Committee

Oglala Sioux Tribe Finance Accountability Office

Echaga Corporation

P.O. Box 2070

Pine Ridge, SD 57770

IV. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. You may use additional paper if necessary):

The Federal 638 Monies and ALL FINANCIAL INFORMATION is Intellectual Property of the Oglala Sioux Tribe Members to include both ON Reservation and OFF Reservation at Approximately 45,000 Members, for the Oglala Sioux Tribe (The Members) located in P.O. Box 2070 Pine Ridge, the County of Oglala, State of South Dakota more specifically known and legally described as: Pine Ridge Indian Reservation, within its Exterior Boundaries and ALL Enrolled Oglala Sioux Tribe Members, both on and off the Pine Ridge Indian Reservation.

V. Relief (State briefly and exactly what you want the Court to do for you.)

- Share Intellectual Property of Financial Documents in all aspects of the Oglala Sioux Tribe to Oglala Sioux Tribe Members through the Bureau of Trust Funds Adminstration and upon Request. These documents are vital in Building Businesses in a Sick Economy of the Poorest County in the United States.
- Help the Oglala Sioux Tribe Veterans get the Cactus Flats Lands
- Help Melaine Wilson get her 20 Acres on Tract 2159 at First Choice as agreed to in OST Ordinance 20-66
- Help the Oglala Sioux Tribe Veterans get 20 Acres on Tract 2159 at Second Choice as agreed to in OST Ordinance 20-66

## VI. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES [ ]

NO [X]

**B)** If your answer to "A" is YES, state below the amount claimed and the reason[s] you believe you are entitled to recover such monetary damages:

VII. Do you maintain that the wrongs alleged in the complaint are continuing to occur at the present time?

YES [X ]

NO [ ]

VIII. Are you requesting a Jury Trial?

YES [ ]

NO [X ]

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 20 day of December, 2022

21 Dec 2022

Melaine R. Wilson  
and for ALL Enrolled  
OST Members

Signature of Plaintiff[s]

## CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

<b>I. (a) PLAINTIFFS</b> Melaine R. Wilson 547 BIA 28 Wounded Knee, SD 57794	<b>DEFENDANTS</b> Department of Interior 1849 C Street NW - Mail Stop 4428 Washington, D.C. 20240  County of Residence of First Listed Defendant (IN U.S. PLAINTIFF CASES ONLY)  NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.
<b>(b) County of Residence of First Listed Plaintiff</b> (EXCEPT IN U.S. PLAINTIFF CASES)	County of Residence of First Listed Defendant (IN U.S. PLAINTIFF CASES ONLY)  Attorneys (If Known)
<b>(c) Attorneys (Firm Name, Address, and Telephone Number)</b>	

<b>II. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)	<b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant)
<input type="checkbox"/> 1 U.S. Government Plaintiff	<input checked="" type="checkbox"/> PTF <input type="checkbox"/> DEF Citizen of This State <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 1 Incorporated or Principal Place of Business In This State <input type="checkbox"/> 4 <input type="checkbox"/> 4
<input checked="" type="checkbox"/> 2 U.S. Government Defendant	<input type="checkbox"/> 2 <input type="checkbox"/> 2 Incorporated and Principal Place of Business In Another State <input type="checkbox"/> 5 <input type="checkbox"/> 5
	<input type="checkbox"/> 3 <input type="checkbox"/> 3 Foreign Nation <input type="checkbox"/> 6 <input type="checkbox"/> 6

<b>IV. NATURE OF SUIT</b> (Place an "X" in One Box Only)			Click here for: <a href="#">Nature of Suit Code Descriptions</a> .									
<b>CONTRACT</b> <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>TORTS</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>FORFEITURE/PENALTY</b> <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other	<b>BANKRUPTCY</b> <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157	<b>OTHER STATUTES</b> <input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/ Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act								
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input checked="" type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/ Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <input type="checkbox"/> Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	<input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act	<b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark  <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act	<b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ft) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))							
				<b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609								

<b>V. ORIGIN</b> (Place an "X" in One Box Only)	<input checked="" type="checkbox"/> 1 Original Proceeding <input type="checkbox"/> 2 Removed from State Court <input type="checkbox"/> 3 Remanded from Appellate Court <input type="checkbox"/> 4 Reinstated or Reopened <input type="checkbox"/> 5 Transferred from Another District (specify) <input type="checkbox"/> 6 Multidistrict Litigation - Transfer <input type="checkbox"/> 8 Multidistrict Litigation - Direct File
---	--

<b>VI. CAUSE OF ACTION</b>	Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): <b>Federal Acquisition Regulation Part 3-Bad Business Practices</b>	
Brief description of cause: <b>Fraud, Waste and Abuse</b>		

<b>VII. REQUESTED IN COMPLAINT:</b>	<input checked="" type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.	<b>DEMAND \$</b>	CHECK YES only if demanded in complaint: <b>JURY DEMAND:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------	---	------------------	---

<b>VIII. RELATED CASE(S) IF ANY</b> <i>(See instructions):</i>	<b>JUDGE</b>	<b>DOCKET NUMBER</b>
---	--------------	----------------------

DATE <b>21 Dec 2022</b> FOR OFFICE USE ONLY	SIGNATURE OF ATTORNEY OF RECORD <b>Melaine R Wilson Pro Se</b>
---	---

<b>RECEIPT #</b>	<b>AMOUNT</b>	<b>APPLYING IIP</b>	<b>JUDGE</b>	<b>MAG. JUDGE</b>
------------------	---------------	---------------------	--------------	-------------------